



John A. Stephen
Commissioner

Nancy L. Rollins
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES

BUREAU OF ELDERLY & ADULT SERVICES

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-4680 1-800-351-1888
Fax: 603-271-4643 TDD Access: 1-800-735-2964

“OFFICIAL RELEASE OF POLICY”

From: Tracey Tarr, Supervisor, Long Term Care Policy Development
Subject: **Official Release of SR 06-14**
Date: August 7, 2006

The Bureau of Elderly and Adult Services (BEAS) is releasing SR 06-14, which was signed by the BEAS Bureau Administrator on August 3, 2006. The SR releases the updated “Appendix A: Nursing Facility Rates” for posting in the MA Manual.

Effective Date: August 1, 2006

Note: Please feel free to copy or retransmit this SR at will. The use of the “blind carbon copy (bcc)” format is done purely for technical reasons and is not designed to restrict your use of this document.

**STATE OF NEW HAMPSHIRE
INTER-DEPARTMENT COMMUNICATION**

DATE: August 7, 2006

FROM: OFFICE OF THE BUREAU CHIEF

AT: Bureau of Elderly & Adult Services

SUBJECT: Update of "Appendix A, Nursing Facility Rates"

TO: All DFA Supervisors
All BEAS Supervisors
All MA Manual Holders
All District Offices

August 1, 2006

Effective Date

SR SUMMARY

This SR releases "APPENDIX A, Nursing Facility Rates" of the Medical Assistance Manual. Each nursing facility is listed alphabetically with its per diem and monthly rates listed. The Department of Health and Human Services' computerized eligibility system contains a table with the per diem rate for each nursing facility and calculates the monthly rate by multiplying the per diem rate by 30.42. Appendix A has been updated effective August 1, 2006.

Rates for atypical care are included in Appendix A. An Atypical Unit and/or facility devotes its services exclusively to highly specialized care, the nature of which makes it incomparable to other nursing facilities for the purpose of ratesetting.

Where applicable, an asterisk (*) precedes the facility type code as a means of differentiating atypical care rates.

The previous list of nursing facility rates, which was effective February 1, 2006 and released by SR 06-05, should be retained until further notice. Please post the current listing according to the instructions below.

IMPLEMENTATION

The effective dates of the most recent rates are listed for each facility. These rates have already been entered into the Medicaid Management Information System for claims calculation.

POSTING INSTRUCTIONS

MA Manual

Remove and Retain

APPENDIX A, pages 1-7
Dated 02/06 (SR 06-05)
Four sheets

Insert

APPENDIX A, pages 1-7
Dated 08/06 (SR 06-14)
Four sheets

DISPOSITION

This SR may be destroyed when the posting instructions described above have been carried out.

DISTRIBUTION

This SR with attachments is being distributed to all DFA Supervisors, all BEAS Supervisors, all holders of the MA Manual, and all parties on the narrative SR list.

Attachments

		ITEM APPENDIX A	PAGE 1
MEDICAL ASSISTANCE	SUBJECT NURSING FACILITY RATES	DATE 08-06 SR 06-14	

The following represents nursing facility rates. We have assigned codes to differentiate the type of nursing facility. Atypical care facilities are indicated with an asterisk preceding the facility code. The code is entered by the long term care nurse. The monthly rate is determined by multiplying the per diem rate by 30.42 days. The statewide average daily private paying rate (ICF and SNF) is \$224.00.

FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
S Alice Peck Day Memorial Hospital	3	\$105.93	\$3,222.39	80300016	1/1/1999
S Alice Peck Day Memorial Hospital	8	\$105.93	\$3,222.39	80300016	1/1/1999
Alice Peck Day, Lebanon	3	\$144.18	\$4,385.96	80305033	8/1/2006
Alice Peck Day, Lebanon	8	\$144.18	\$4,385.96	80305033	8/1/2006
S Androscoggin Valley Hosp, Berlin	3	\$105.93	\$3,222.39	80300022	1/1/1999
S Androscoggin Valley Hosp, Berlin	8	\$105.93	\$3,222.39	80300022	1/1/1999
Androscoggin Valley Hospital - SNF, Berlin	8	\$139.26	\$4,236.29	30103286	8/1/2006
Bel Air - Grasmere	3	\$137.11	\$4,170.89	00000594	8/1/2006
Belknap County, Laconia	2	\$145.66	\$4,430.98	30102355	8/1/2006
Brookside N. H., White River Jct., VT	3	\$114.39	\$3,479.74	30005887	1/1/2000
Brookside N. H., White River Jct., VT	8	\$114.39	\$3,479.74	30005887	1/1/2000
S Cheshire Medical Center	3	\$105.93	\$3,222.39	80300019	1/1/1999
S Cheshire Medical Center	8	\$105.93	\$3,222.39	80300019	1/1/1999
Childrens Ext.Care Ctr., Groton MA	3	\$295.84	\$8,999.45	99750157	1/1/2001
Childrens Ext.Care Ctr., Groton MA	8	\$295.84	\$8,999.45	99750157	1/1/2001
Colonial Poplin	3	\$140.80	\$4,283.14	30009862	8/1/2006
Coos County, Berlin	2	\$139.87	\$4,254.85	80547244	8/1/2006
Coos County, West Stewartstown	2	\$135.87	\$4,133.17	80877168	8/1/2006
S Cottage Hospital, Woodsville	3	\$105.93	\$3,222.39	83010614	1/1/1999
S Cottage Hospital, Woodsville	8	\$105.93	\$3,222.39	83010614	1/1/1999
Courville at Manchester	3	\$122.18	\$3,716.72	30008947	8/1/2006
Courville at Nashua	3	\$125.52	\$3,818.32	80305037	8/1/2006
Courville at Nashua	8	\$125.52	\$3,818.32	80305037	8/1/2006
Crotched Mountain,SNF, Greenfield	8	\$386.15	\$11,746.68	30005106	9/1/2001
Crotched Mountain,SNF, Greenfield	8	\$386.15	\$11,746.68	80305026	9/1/2001
Crotched Mt., HI, Greenfield	* 8	\$413.49	\$12,578.37	30005106	9/1/2001
Dover House, Dover	3	\$140.57	\$4,276.14	30011352	8/1/2006

2-ICF COUNTY HOME

4-ICF INSTITUTION

3-ICF PRIVATE NURSING HOME

7-SNF LONG TERM HOSPITAL

S-SWING BEDS

8-SNF NURSING FACILITY

*-ATYPICAL BEDS

		ITEM APPENDIX A	PAGE 2
MEDICAL ASSISTANCE	SUBJECT NURSING FACILITY RATES	DATE 08-06 SR 06-14	

The following represents nursing facility rates. We have assigned codes to differentiate the type of nursing facility. Atypical care facilities are indicated with an asterisk preceding the facility code. The code is entered by the long term care nurse. The monthly rate is determined by multiplying the per diem rate by 30.42 days. The statewide average daily private paying rate (ICF and SNF) is \$224.00.

FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
Dover House, Dover	8	\$140.57	\$4,276.14	30011352	8/1/2006
Eden Park, Brattleboro, VT	3	\$126.84	\$3,858.47	99750019	7/1/2003
Eden Park, Brattleboro, VT	8	\$126.84	\$3,858.47	99750019	7/1/2003
Edgewood Manor, Portsmouth	3	\$140.52	\$4,274.62	30001121	8/1/2006
Edgewood Manor, Portsmouth	8	\$140.52	\$4,274.62	30001121	8/1/2006
Edgewood Manor, Portsmouth	* 3	\$258.86	\$7,874.52	30001121	8/1/2005
Edgewood Manor, Portsmouth	* 8	\$339.95	\$10,341.28	30001121	8/1/2005
Epsom Manor, Epsom	3	\$129.21	\$3,930.57	30101898	8/1/2006
Eventide, Exeter	3	\$125.56	\$3,819.54	99750096	8/1/2006
Exeter Hospital Court St., Exeter	3	\$193.61	\$5,889.62	80305019	8/1/2006
Exeter Hospital Court St., Exeter	8	\$193.61	\$5,889.62	80305019	8/1/2006
Exeter Hospital Court St., Exeter	* 3	\$514.59	\$15,653.83	80305019	8/1/2005
Exeter Hospital Court St., Exeter	* 8	\$514.59	\$15,653.83	80305019	8/1/2005
Fairview, Hudson	3	\$130.99	\$3,984.72	99750021	8/1/2006
S Franklin Hospital, Franklin, NH	3	\$105.93	\$3,222.39	80300013	1/1/1999
S Franklin Hospital, Franklin, NH	8	\$105.93	\$3,222.39	80300013	1/1/1999
Genesis - Country Village Health, Lancaster	3	\$144.51	\$4,395.99	80848162	8/1/2006
Genesis - Harris Hill, Maitland St.	3	\$147.13	\$4,475.69	80305007	8/1/2006
Genesis - Keene	3	\$133.22	\$4,047.08	40848160	8/1/2006
Genesis - Laconia	3	\$144.01	\$4,380.78	80305015	8/1/2006
Genesis - Laconia	8	\$144.01	\$4,380.78	80305015	8/1/2006
Genesis - Lafayette-Franconia	3	\$145.91	\$4,438.58	49750172	8/1/2006
Genesis - Laurel-Donald Street, Bedford	3	\$122.94	\$3,739.83	44001427	8/1/2006
Genesis - Lebanon	3	\$140.68	\$4,279.49	30002722	8/1/2006
Genesis - Mt. Ridge, Franklin	3	\$153.06	\$4,656.09	49750171	8/1/2006
Genesis - Pleasant View	3	\$147.45	\$4,485.43	30006431	8/1/2006
Genesis - Ridgewood Rd., Bedford	3	\$151.74	\$4,615.93	40305034	8/1/2006

2-ICF COUNTY HOME	4-ICF INSTITUTION	7-SNF LONG TERM HOSPITAL
3-ICF PRIVATE NURSING HOME		8-SNF NURSING FACILITY
S-SWING BEDS		*-ATYPICAL BEDS

		ITEM APPENDIX A	PAGE 3
MEDICAL ASSISTANCE	SUBJECT NURSING FACILITY RATES	DATE 08-06 SR 06-14	

The following represents nursing facility rates. We have assigned codes to differentiate the type of nursing facility. Atypical care facilities are indicated with an asterisk preceding the facility code. The code is entered by the long term care nurse. The monthly rate is determined by multiplying the per diem rate by 30.42 days. The statewide average daily private paying rate (ICF and SNF) is \$224.00.

FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
Genesis - Ridgewood Rd., Bedford	8	\$151.74	\$4,615.93	40305034	8/1/2006
Glencliff, Glencliff	4	\$285.35	\$8,680.35	83016951	2/1/2006
Good Shepherd N.H., Jaffrey	3	\$143.08	\$4,352.49	30003252	8/1/2006
Grafton County, Woodsville	2	\$143.36	\$4,361.01	99750025	8/1/2006
Greenbriar Terrace, Nashua	3	\$128.78	\$3,917.49	30011351	8/1/2006
Greenbriar Terrace, Nashua	8	\$128.78	\$3,917.49	30011351	8/1/2006
Greenery - Middleboro, MA	* 3	\$325.00	\$9,886.50	20001382	11/1/1995
Greenery - Middleboro, MA	* 8	\$325.00	\$9,886.50	20001382	11/1/1995
Greenery - N. Andover	* 3	\$325.00	\$9,886.50	30005425	2/1/1993
Greenery - N. Andover	* 8	\$325.00	\$9,886.50	30005425	2/1/1993
Greenery Ext Care, Worcester, MA	* 8	\$279.18	\$8,492.66	20001315	2/1/1995
Greenery Rehab., H I, Brighton, MA	* 8	\$375.00	\$11,407.50	20001307	3/1/1995
Hackett Hill Healthcare, Manchester	3	\$142.33	\$4,329.68	80005038	8/1/2006
Hackett Hill Healthcare, Manchester	8	\$142.33	\$4,329.68	80005038	8/1/2006
Hannah Dustin	* 3	\$195.00	\$5,931.90	30003295	10/1/1995
Hannah Dustin	* 8	\$250.00	\$7,605.00	30003295	10/1/1995
Hanover Hill, Manchester	3	\$143.33	\$4,360.10	80305009	8/1/2006
Hanover Hill, Manchester	8	\$143.33	\$4,360.10	80305009	8/1/2006
Hanover Terrace, Hanover	3	\$127.36	\$3,874.29	30011350	8/1/2006
Hanover Terrace, Hanover	8	\$127.36	\$3,874.29	30011350	8/1/2006
Harbor Home, York Harbor, ME	3	\$72.67	\$2,210.62	99750120	10/1/1990
Harborside-Applewood, Winchester	3	\$141.97	\$4,318.73	30009030	8/1/2006
Harborside-Crestwood, Milford	3	\$148.65	\$4,521.93	30009031	8/1/2006
Harborside-Milford Nursing Home, Milford	3	\$140.73	\$4,281.01	30009032	8/1/2006
Harborside-Northwood, Bedford	3	\$150.14	\$4,567.26	30009033	8/1/2006
Harborside-Pheasantwood, Peterborough	3	\$145.69	\$4,431.89	30009034	8/1/2006
Harborside-Westwood Healthcare, Keene	3	\$158.31	\$4,815.79	30009035	8/1/2006

2-ICF COUNTY HOME	4-ICF INSTITUTION	7-SNF LONG TERM HOSPITAL
3-ICF PRIVATE NURSING HOME		8-SNF NURSING FACILITY
S-SWING BEDS		*-ATYPICAL BEDS

		ITEM APPENDIX A	PAGE 4
MEDICAL ASSISTANCE	SUBJECT NURSING FACILITY RATES	DATE 08-06 SR 06-14	

The following represents nursing facility rates. We have assigned codes to differentiate the type of nursing facility. Atypical care facilities are indicated with an asterisk preceding the facility code. The code is entered by the long term care nurse. The monthly rate is determined by multiplying the per diem rate by 30.42 days. The statewide average daily private paying rate (ICF and SNF) is \$224.00.

FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
Haven Health at Seacoast, Hampton	3	\$130.58	\$3,972.24	30102995	8/1/2006
Haven Health of Claremont	3	\$135.96	\$4,135.90	30102102	8/1/2006
Haven Health of Claremont	8	\$135.96	\$4,135.90	30102102	8/1/2006
Haven Health of Derry	3	\$134.92	\$4,104.27	99750142	8/1/2006
Havenwood, Concord	3	\$132.49	\$4,030.35	80305016	8/1/2006
Havenwood, Concord	8	\$132.49	\$4,030.35	80305016	8/1/2006
Henry Strater ECF, York, ME	3	\$59.75	\$1,817.60	99205030	10/1/1989
Henry Strater ECF, York, ME	8	\$115.57	\$3,515.64	99205030	9/1/1989
Hillsboro House, Hillsboro	3	\$118.59	\$3,607.51	99750029	8/1/2006
Hillsborough County, Goffstown	2	\$142.10	\$4,322.68	83016930	8/1/2006
Hillsborough County, Goffstown	8	\$142.10	\$4,322.68	83016930	8/1/2006
Hillsborough County, Goffstown	* 2	\$201.41	\$6,126.89	83016930	8/1/2005
Holy Cross Health Center	3	\$135.55	\$4,123.43	30009262	8/1/2006
Huggins Hospital, Wolfeboro	3	\$152.74	\$4,646.35	80305023	8/1/2006
Huggins Hospital, Wolfeboro	8	\$152.74	\$4,646.35	80305023	8/1/2006
S Huggins Hospital, Wolfeboro	3	\$105.93	\$3,222.39	80300006	1/1/1999
S Huggins Hospital, Wolfeboro	8	\$105.93	\$3,222.39	80300006	1/1/1999
S Lakes Region General, Laconia	3	\$105.93	\$3,222.39	83993709	1/1/1999
S Lakes Region General, Laconia	8	\$105.93	\$3,222.39	83993709	1/1/1999
Langdon Place of Dover	3	\$141.71	\$4,310.82	30100460	8/1/2006
Langdon Place of Dover	8	\$141.71	\$4,310.82	30100460	8/1/2006
Langdon Place of Keene	3	\$141.35	\$4,299.87	30100462	8/1/2006
S Littleton Hospital, Littleton	3	\$105.93	\$3,222.39	80300008	1/1/1999
S Littleton Hospital, Littleton	8	\$105.93	\$3,222.39	80300008	1/1/1999
Mapleleaf Healthcare, Manchester	3	\$133.19	\$4,051.64	30100420	8/1/2006
Mapleleaf Healthcare, Manchester	8	\$133.19	\$4,051.64	30100420	8/1/2006
Maplewood of Cheshire County, Westmoreland	2	\$137.21	\$4,173.93	80848085	8/1/2006

2-ICF COUNTY HOME	4-ICF INSTITUTION	7-SNF LONG TERM HOSPITAL
3-ICF PRIVATE NURSING HOME		8-SNF NURSING FACILITY
S-SWING BEDS		*-ATYPICAL BEDS

		ITEM APPENDIX A	PAGE 5
MEDICAL ASSISTANCE	SUBJECT NURSING FACILITY RATES	DATE 08-06 SR 06-14	

The following represents nursing facility rates. We have assigned codes to differentiate the type of nursing facility. Atypical care facilities are indicated with an asterisk preceding the facility code. The code is entered by the long term care nurse. The monthly rate is determined by multiplying the per diem rate by 30.42 days. The statewide average daily private paying rate (ICF and SNF) is \$224.00.

FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
Maplewood of Cheshire County, Westmoreland	* 2	\$205.34	\$6,246.44	80848085	8/1/2005
Mark Wentworth, Portsmouth	3	\$138.55	\$4,214.69	30003658	8/1/2006
Mediplex Rehab, Lynn MA	3	\$356.79	\$10,853.55	30006135	10/1/2002
Mediplex Rehab, Lynn MA	8	\$356.79	\$10,853.55	30006135	10/1/2002
Mediplex Skilled Nursing Lowell, MA	3	\$325.00	\$9,886.50	40002845	1/1/1993
Mediplex Skilled Nursing Lowell, MA	8	\$325.00	\$9,886.50	40002845	1/1/1993
Merriman House, Memorial Hospital, N Conway	3	\$140.05	\$4,260.32	99750153	8/1/2006
S Memorial Hospital, North Conway	3	\$105.93	\$3,222.39	99300015	1/1/1999
S Memorial Hospital, North Conway	8	\$105.93	\$3,222.39	99300015	1/1/1999
Merrimack County, Penacook	2	\$143.37	\$4,361.32	82016882	8/1/2006
Merrimack County, Penacook	8	\$143.37	\$4,361.32	82016882	8/1/2006
Merrimack Valley	3	\$120.13	\$3,654.35	30005050	9/1/1992
Metro Health, Goldenview, Meredith	3	\$130.31	\$3,964.03	30102357	8/1/2006
S Monadnock Hospital, Peterborough	3	\$105.93	\$3,222.39	80300007	1/1/1999
S Monadnock Hospital, Peterborough	8	\$105.93	\$3,222.39	80300007	1/1/1999
Morrison Hospital, Whitefield	3	\$145.81	\$4,435.54	80848045	8/1/2006
Mountain View of Carroll County	2	\$135.41	\$4,119.17	99750012	8/1/2006
Mt. Carmel, Manchester	3	\$147.67	\$4,492.12	99006643	8/1/2006
N H Hospital - Psych, Concord	7	\$671.00	\$20,411.82	80304000	4/1/2006
New Eng Pediatrics, Billerica, MA	3	\$201.50	\$6,129.63	30001374	1/1/1997
New Eng Pediatrics, Billerica, MA	8	\$201.50	\$6,129.63	30001374	1/1/1997
S New London Hospital, New London	3	\$105.93	\$3,222.39	80300009	1/1/1999
S New London Hospital, New London	8	\$105.93	\$3,222.39	80300009	1/1/1999
New Pioneer Valley, HI, N. Hampton, MA	8	\$325.00	\$9,886.50	30004795	12/1/1991
Pleasant Valley Nursing Home	3	\$138.13	\$4,201.91	30102629	8/1/2006
Pleasant Valley Nursing Home	8	\$138.13	\$4,201.91	30102629	8/1/2006
Port Rehab/ICF, Haverhill, MA	3	\$195.00	\$5,931.90	30008503	8/1/1995

2-ICF COUNTY HOME

4-ICF INSTITUTION

3-ICF PRIVATE NURSING HOME

7-SNF LONG TERM HOSPITAL

S-SWING BEDS

8-SNF NURSING FACILITY

*-ATYPICAL BEDS

		ITEM APPENDIX A	PAGE 6
MEDICAL ASSISTANCE	SUBJECT NURSING FACILITY RATES	DATE 08-06 SR 06-14	

The following represents nursing facility rates. We have assigned codes to differentiate the type of nursing facility. Atypical care facilities are indicated with an asterisk preceding the facility code. The code is entered by the long term care nurse. The monthly rate is determined by multiplying the per diem rate by 30.42 days. The statewide average daily private paying rate (ICF and SNF) is \$224.00.

FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
Port Rehab/SNF, Haverhill, MA	* 8	\$195.00	\$5,931.90	30008503	3/1/1995
Presidential Oaks -N. H. Odd Fellows, Concord	3	\$153.10	\$4,657.30	99750047	8/1/2006
RiverRidge, HI, Kennebunk, ME	* 8	\$456.02	\$13,872.13	30004732	10/1/1993
Riverside of Strafford County, Dover	2	\$132.35	\$4,026.09	99750059	8/1/2006
Riverside of Strafford County, Dover	* 2	\$198.67	\$6,043.54	99750059	10/1/1997
Rochester Manor, Rochester	3	\$132.78	\$4,039.17	30100130	8/1/2006
Rochester Manor, Rochester	8	\$132.78	\$4,039.17	30100130	8/1/2006
Rockingham County, Epping	2	\$136.42	\$4,149.90	49750052	8/1/2006
Salemhaven Health Care,Salem	3	\$142.15	\$4,324.20	99305036	8/1/2006
S Sceva Speare, Plymouth	3	\$105.93	\$3,222.39	80300010	1/1/1999
S Sceva Speare, Plymouth	8	\$105.93	\$3,222.39	80300010	1/1/1999
Springfield Conv Ctr, Springfield, VT	3	\$115.69	\$3,519.29	99475025	10/1/2000
Springfield Conv Ctr, Springfield, VT	8	\$115.69	\$3,519.29	99475025	10/1/2000
St. Ann, Dover	3	\$150.99	\$4,593.12	99750054	8/1/2006
St. Francis, Laconia	3	\$148.30	\$4,511.29	99750055	8/1/2006
St. Johnsbury CC, St. Johnsbury, VT	3	\$98.83	\$3,006.41	99475019	10/1/1995
St. Johnsbury CC, St. Johnsbury, VT	8	\$98.83	\$3,006.41	99475019	10/1/1995
St. Joseph Residence	8	\$136.62	\$4,155.98	30010528	8/1/2006
St. Teresa's, Manchester	3	\$140.28	\$4,267.32	99750056	8/1/2006
St. Vincent de Paul, Berlin	3	\$130.25	\$3,962.21	99750057	8/1/2006
Sullivan County, Claremont	2	\$140.81	\$4,283.44	83016933	8/1/2006
Sunbridge Care - Exeter	3	\$141.43	\$4,302.30	99750132	8/1/2006
Sunbridge Care - North Conway	3	\$134.18	\$4,081.76	30002362	8/1/2006
Sunbridge Care - Portsmouth	3	\$148.59	\$4,520.11	99750159	8/1/2006
Sunbridge Care - Rochester	3	\$144.19	\$4,386.26	30001712	8/1/2006
Sunbridge Care - Wolfeboro	3	\$141.68	\$4,309.91	99750169	8/1/2006
S Upper Connecticut Valley, Colebrook	3	\$105.93	\$3,222.39	80300033	1/1/1999

2-ICF COUNTY HOME	4-ICF INSTITUTION	7-SNF LONG TERM HOSPITAL
3-ICF PRIVATE NURSING HOME		8-SNF NURSING FACILITY
S-SWING BEDS		*-ATYPICAL BEDS

		ITEM APPENDIX A	PAGE 7
MEDICAL ASSISTANCE	SUBJECT NURSING FACILITY RATES	DATE 08-06 SR 06-14	

The following represents nursing facility rates. We have assigned codes to differentiate the type of nursing facility. Atypical care facilities are indicated with an asterisk preceding the facility code. The code is entered by the long term care nurse. The monthly rate is determined by multiplying the per diem rate by 30.42 days. The statewide average daily private paying rate (ICF and SNF) is \$224.00.

FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
S Upper Connecticut Valley, Colebrook	8	\$105.93	\$3,222.39	80300033	1/1/1999
S Valley Regional Hospital, Claremont	3	\$105.93	\$3,222.39	80300024	1/1/1999
S Valley Regional Hospital, Claremont	8	\$105.93	\$3,222.39	80300024	1/1/1999
Villa Crest, Manchester	3	\$139.40	\$4,240.55	30100421	8/1/2006
W. P. Clough, SNF, New London Hosp.	8	\$145.70	\$4,432.19	80305021	8/1/2006
W. P. Clough,ICF, New London	3	\$145.70	\$4,432.19	80305021	8/1/2006
Warde H.C., Windham	3	\$156.23	\$4,752.52	40005043	8/1/2006
Warde H.C., Windham	8	\$156.23	\$4,752.52	40005043	8/1/2006
Webster at Rye	3	\$137.50	\$4,182.75	30002028	8/1/2006
S Weeks Hospital Lancaster	3	\$105.93	\$3,222.39	88300021	1/1/1999
S Weeks Hospital, Lancaster	8	\$105.93	\$3,222.39	88300021	1/1/1999
Woodlawn, Greenleaf, Newport	3	\$122.46	\$3,725.23	99750164	8/1/2006

ICF/MRs:

Cedarcrest, Keene	3	\$289.58	\$8,809.02	80848084	7/1/2004
-------------------	---	----------	------------	----------	----------

2-ICF COUNTY HOME	4-ICF INSTITUTION	7-SNF LONG TERM HOSPITAL
3-ICF PRIVATE NURSING HOME		8-SNF NURSING FACILITY
S-SWING BEDS		*-ATYPICAL BEDS